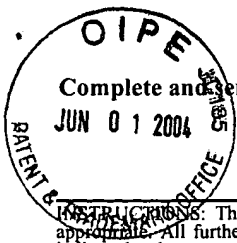


PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

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Commissioner for Patents
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7590

05/04/2004

William Nitkin
Suite 424
850 Boylston Street
Chestnut Hill, MA 02467

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William Nitkin	(Depositor's name)
<i>[Signature]</i>	(Signature)
May 28, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/631,294	08/01/2003	Philip R. Martelly	112, 794	2635

TITLE OF INVENTION: PAINT BUCKET/APRON COMBINATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	08/04/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
VANATTA, AMY B	3765	002-051000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 William Nitkin

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

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01 FC:2501
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